Under the Paperw	ork Reduction Act of 199	5, no person are requ	ired to respo	U.S. Patent and to a collection	and Tradem	ark Office; U.S. DEPAF	PTO/SB/17 (09-11) 31/2014. OMB 0651-0032 RTMENT OF COMMERCE valid OMB control number	
		Complete if Known						
				Application Number		10/588,454-Conf. #5756		
FEE TRANSMITTAL			Fili	Filing Date		December 5, 2006		
				First Named Inventor		Riccardo BERTINI		
				aminer Name		C. R. Stone		
Applicant clair	ms small entity status.	See 37 CER 1 27				1628		
			Art	Unit				
TOTAL AMOUNT OF PAYMENT (\$) 1,270.00			Atto	Attorney Docket No.		1342-0121PUS1	342-0121P051	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, S	•		05450		F-1/ A A # 11 1			
	FILIN	G FEES Small Entity		H FEES Small Entity	EXAMIN	ATION FEES Small Entity		
Application Type	Fee (\$)		ee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	380	190	620	310	250	125		
Design	250	125	120	60	160	80		
Plant	250	125	380	190	200	100		
Reissue	380	190	620	310	750	375		
Provisional	250	125	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
<u></u>								
Each claim over 20 (including Reissues)						60	30	
Each independent cl		ig Reissues)				250	125	
Multiple dependent	claims					450	225	
Total Claims			Fee Pa	e Paid (\$) Mul		ıltiple Dependent Claims		
$10 - 20 \text{ or HP} 0 \times 60.00 =$				0.00 <u>Fee</u>		e (\$) Fee Paid (\$)		
HP = highest number of	f total claims paid for, if g	eater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Pa	aid (\$)				
2 -3 or HP = 0 x 250.00 =			0.0	00				
HP = highest number of	findependent claims paid	for, if greater than 3.						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheets				tion thereof	Fee (\$)	Fee Paid (\$)	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification. \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,270.00								
SUBMITTED BY								
Signature				stration No.	36 623	Telephone (8	358) 702 9955	
	my nec			ney/Agent)	36,623		358) 792-8855	
Name (Print/Type) Ma	rk ℋNuell, Ph.D.			•		Date Nov	rember 17, 2011	